2	4C	ORD <sub>™</sub> CERTIFIC	ATE OF LIABILI	TY INSUI	RANCE	1/1/2012	DATE (MM/DD/YYYY) 12/16/2010		
PR	DUCE	R Lockton Companies, LLC 3280 Peachtree Road NE, Suite 80 Atlanta GA 30305 (404) 460-3600	00	THIS CERT ONLY AND HOLDER, ALTER TH	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
				INSURERS	INSURERS AFFORDING COVERAGE				
INS	URED :	B&D Industrial, Inc.			INSURER A: The Travelers Indemnity Co of America				
10	5020	Bearings and Drives, Inc.			INSURER B: Travelers Indemnity Co of CT				
		Scales Systems, Inc. PO Box 4325			INSURER C: The Charter Oak Fire Insurance Company				
		Macon GA 31208		INSURER D : Tra	INSURER D: Travelers Property Casualty Co of America				
		<u> </u>		INSURER E :	INSURER E:				
TI Al M	IE PO IY RE AY PE	AGES BEARDRO1 EH LICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDER S. AGGREGATE LIMITS SHOWN MA	OW HAVE BEEN ISSUED TO THE NOF ANY CONTRACT OR OTHER DBY THE POLICIES DESCRIBED I	INSURED NAMED A R DOCUMENT WITH HEREIN IS SUBJECT CLAIMS.	RESPECT TO WH	IICH THIS CERTIFICATE M AS, EXCLUSIONS AND CON	AY BE ISSUED OR		
INSR LTR	ADD'L Insrd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	тѕ		
		GENERAL LIABILITY			. • .	EACH OCCUPRENCE	<u>\$ 1,000,000</u>		
Α	[	X COMMERCIAL GENERAL LIABILITY	Y6308242A09ATIA11	1/1/2011	1/1/2012	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000		
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 5,000,000		
		POLICY PRO-				PRODUCTS - COMP/OP AGG	\$ 2,000,000		
С		AUTOMOBILE LIABILITY  X ANY AUTO	Y8108242A09ACOF11	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s XXXXXXX		
		X HIRED AUTOS X NON-OWNED AUTOS			· ·	BODILY INJURY (Per accident)	\$ XXXXXXX		
						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX		
		GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT	\$ XXXXXXX		
		ANY AUTO	NOT ALL EICHBEE			OTHER THAN EA ACC	\$ XXXXXXX		
						AGG	\$ XXXXXXX \$ 10,000,000		
D		EXCESS/UMBRELLA LIABILITY	YCUP8242A09ATIL11	1/1/2011	1/1/2012	EACH OCCURRENCE	\$ 10,000,000 \$ 10,000,000		
		X OCCUR CLAIMS MADE				AGGREGATE	\$ XXXXXXX		
		DEDUCTIBLE X UMBRELLA FORM					\$ XXXXXXX		
		Х петентиси з 10,000		Į			* XXXXXXX		
В	WOR	KERS COMPENSATION AND	YUB8803C34811	1/1/2011	1/1/2012	X WC STATU- TORY LIMITS OTH- ER	· · · · · · · · · · · · · · · · · · ·		
	ANY P	OYERS' LIABILITY  ROPRIETOR/PARTNER/EXECUTIVE  R.MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000		
	(Mai	ndatory in NH)				E.L. DISEASE - EA EMPLOYEE	s 1,000,000		
	If yes, o SPECL	lescribe under AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	s 1,000,000		
	OTRE	R							
nee	POINTI	ON OF OPERATIONS/LOCATIONS/VEHICL	ESIEACI IISIONS YDDED BA ENDODSE	MENTISPECIAL PROVIS	SIONS	, , , , , , , , , , , , , , , , , , , ,			
DES	KIF III	ON OF OPERATIONS/VEHICE	ESPENDED OF ENDONGE	MENTO COINC I NOT	5,511.5				
CF	STIFIC	CATE HOLDER		CANCELLATION	CANCELLATION				
<u> </u>		830681		SHOULD ANY OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
		Graphic Packaging			date thereof, the issuing insurer will endeavor to mail $30$ days written				
		Attn: Peggy 1000 Jonesboro		1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
		Plant 31		1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
		West Monroe LA 71392			AUTHORIZED REPRESENTATIVE				
		1			Klyfer Hall & S.				

ACORD 25 (2009/01)

1	4C	O!	RD, CERTIFIC	ATE OF LIABIL	ITY INSUF	RANCE	1/1/2012	DATE (MM/DD/YYYY) 12/16/2010		
	DUCE		ockton Companies, LLC							
		32	280 Peachtree Road NE, Suite 80	00	ONLY AND	CONFERS N	UED AS A MATTER O	E CERTIFICATE		
			tlanta GA 30305 104) 460-3600		ALTER TH	E COVERAGE A	ATE DOES NOT AME AFFORDED BY THE P	OLICIES BELOW.		
		٠,٠			MOUDEDO	A EEO DDING C	OVERACE	NAIC#		
IME	URED		AD 1. F. (1.1. F. )			INSURERS AFFORDING COVERAGE  INSURER A: The Travelers Indemnity Co of America				
			&D Industrial, Inc. earings and Drives, Inc.			INSURER B: Travelers Indemnity Co of CT				
	0020	S	cales Systems, Inc. O Box 4325			INSURER C: The Charter Oak Fire Insurance Company				
			lacon GA 31208							
			1		INSURER E :	INSURER E :				
CC	VER	AGE	s BEARDR01 EH		THIS CERTIFICATE INSURER(S), AUTH	OF INSURANCE DOES ORIZED REPRESENT	NOT CONSTITUTE A CONTRAC ATIVE OR PRODUCER AND T	T BETWEEN THE ISSUING HE CERTIFICATE HOLDER		
₹T sa	IE PO	LICIE	ES OF INSURANCE LISTED BEL REMENT TERM OR CONDITION	OW HAVE BEEN ISSUED TO THE NOF ANY CONTRACT OR OTHE	: INSURED NAMED A' R DOCUMENT WITH	BOVE FOR THE PO RESPECT TO WH	ILICY PERIOD INDICATED. IICH THIS CERTIFICATE M	NOTWITHSTANDING		
M	AY PE	RTA	IN, THE INSURANCE AFFORDER	BY THE POLICIES DESCRIBED	HEREIN IS SUBJECT	TO ALL THE TERM	MS, EXCLUSIONS AND COM	IDITIONS OF SUCH		
	DLICIE	S. A	GGREGATE LIMITS SHOWN MA	Y HAVE BEEN REDUCED BY PAIL	POLICY EFFECTIVE	POLICY EXPIRATION				
LTR	INSRD		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIM	3 1,000,000		
	X	GEN X	IERAL LIABILITY	Y6308242A09ATIA11	1/1/2011	1/1/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000		
A			CLAIMS MADE X OCCUR		1/1/2011		MED EXP (Any one person)	\$ 5,000		
			TOTAL MADE [17] OCCOR				PERSONAL & ADV INJURY	\$ 1,000,000		
		$\Box$					GENERAL AGGREGATE	\$ 5,000,000		
		GEN	I'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000		
			POLICY PRO- JECT LOC							
С		AUT X	OMOBILE LIABILITY ANY AUTO	Y8108242A09ACOF11	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$ XXXXXXX		
		X X	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s XXXXXXX		
				•			PROPERTY DAMAGE (Per accident)	s XXXXXXX		
		GAR	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$ XXXXXXX		
			ANY AUTO	NOT APPLICABLE			OTHER THAN EA ACC			
							AUTO ONLY: AGG			
,		EXC	ESS/UMBRELLA LIABILITY	YCUP8242A09ATIL11	1/1/2011	1/1/2012	EACH OCCURRENCE	\$ 10,000,000		
D		X	OCCUR CLAIMS MADE				AGGREGATE	\$ 10,000,000		
			X UMBRELLA FORM					\$ XXXXXXXX \$ XXXXXXXX		
		-	DEDUCTIBLE					s XXXXXXXX		
В	WOR	KERS	RETENTION \$ 10,000 COMPENSATION AND	YUB8803C34811	1/1/2011	1/1/2012	X WC STATU- OTH-	1 -		
_	EMPL	OYE!	RS' LIABILITY Y / N				E.L. EACH ACCIDENT	s 1,000,000		
	OFFIC	ER/ME	ETOR/PARTNER/EXECUTIVE N EMBER EXCLUDED? Dry In NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	If yes.	describ	oe under OVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	ОТНЕ	R								
DEC	COIDTI	ON O	AE OBERATIONS/LOCATIONS//EHICL	ES/EXCLUSIONS ADDED BY ENDORS	FMENT/SPECIAL PROVIS	SIONS				
C	which D		vaina International Inc. is includ	led as Additional Insured as respec c., on the above general liabilty pol	te General Lighility as	required by written	contract. Waiver of Subgro	gation		
111 1	ayur u	I GIE	ipine rackaging international, in	c., on the above general habits por	icy as required by win	uch commuc.				
OLIVIN IOXII GIOLDEIX						CANCELLATION				
	3	897	262			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $30$ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
		Grap	ohic Packaging International, Inc.  Peggy Gross							
		PO I	: Peggy Gross Box 35800			IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
West Monroe LA 71294					REPRESENTATIV	ES.				
						AUTHORIZED REPRESENTATIVE				
						Kladar Hall G.				

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